

Amendment

Atty. Docket No. A-2-2Date May 25, 2000

I hereby certify that this is being deposited with the United States Postal Service as first class mail in an envelope addressed to:

Assistant Commissioner for Patents
Washington, D. C. 20231.

Date: May 25, 2000
John T. Raffle

ArthroCare Corporation
595 N. Pastoria Avenue
Sunnyvale, CA 94086
(408) 736-0224

In re application of: PHILIP E. EGGERS et al.

Application No.: 09/098,205

Filing Date: July 27, 1998

Group Art Unit: 3739

For: SYSTEMS AND METHODS FOR
ELECTROSURGICAL TISSUE TREATMENT IN
CONDUCTIVE FLUID



THE ASSISTANT COMMISSIONER FOR PATENTS
Washington, D.C. 20231

Sir:

Transmitted herewith is an amendment in the above-identified application.

☐ Enclosed is a petition to extend time to respond.

☐ Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.

☐ A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.

☐ If any extension of time is needed, then this response should be considered a petition therefor.

The filing fee has been calculated as shown below:

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TC 3700 MAIL ROOM

					OTHER THAN A				
(Col. 1)		(Col. 2)	(Col. 3)	SMALL ENTITY	SMALL ENTITY				
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDIT. FEE	OR	RATE	ADDIT. FEE
TOTAL	43	MINUS	58	= 0	X9=	\$	OR	X18=	\$
INDEP.	1	MINUS	3	= 0	X39=	\$		X78=	\$
[] FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					+130=	\$		+260=	\$
					TOTAL ADDIT. FEE	\$		TOTAL	\$

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

☒ No fee is due.

Please charge Deposit Account No. 50-0359 as follows:

☐ Claims fee \$ _____
☒ Any additional fees associated with this paper or during the pendency of this application.
1 Extra copies of this sheet are enclosed.

John T. Raffle
Reg. No.: 38,585